No OC-0/

R-309-01

No. OC2-0/

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Thomas Rudo Fvan Berke
Sex M Date of Death Sch. 10, 2006
Place of Southborough
Date of Son 11, 1920
Immediate Carcon Manual Casas
Certifier Philip W. Kantoss M.D.
Permit Issued To Huy Memoria
Disposition Salut
Name of Ahy Memorial Home
Date Permit San 13, 2000

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed
to TOWN CLL
City/Town of Southborough Mass.
Name of Decedent Thomas Rudolf van Berkel
If a U.S. War Veteran, specify what war, organization, etc.
United States Navy, WW II
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms
atSt.John's Cemetery (City/Town) January 17, 2006
Final Disposition Faith, 10, 58
Certified by Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No.06-02

R-309

No. 06-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of William H. Baker Ju
Name of William H. Baker of Sex M. Date of Death Leb 11 2006
Place of 34 Clifford 34
Date of May 16. 1924 Birth
Immediate Chronic obstructive Lung Dso
Certifier Dr Vincout Your M.D.
Permit Horaci, Funeral Home
Disposition Rusal Cremulary
Name of Morris Luneral Home.
Date Permit Leh 13. 2006

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to Office issuing permit)
City or Town of South borough Massi
Name of Decedent William H. Boyler Sa
·
If a U.S. War Veteran, specify what war, organization, etc.
=======================================
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at
on Worcester; MA-01605
MOLCASIAL IN CALL
Final Disposition A Colock
Certified by (Signature of Superintendent, cemetery or crematory)

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent AMASSINA YA Dodd 1 Sex Date of Death 78 b, 16 2006
Sex Date of Death 7 & b. 16 2006
Place of 22 Southwood DRIVE
Date of Aug 1 1944
Immediate he tastatic facereticanin
Certifier MICHAL Goldstein M.D.
Permit MORRIS FUNERAL Home
Disposition RURAL CREMATORY WORCESTER MA
Name of MORRIS FUNERAL HOME
Date Permit 72 LAWARY 19 2006

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Donald Mc Candless
Sex M Date of Death Feb 28, 2,000
Place of South 6000 1100
Date of Nov 4 1948
Immediate Choblastoma
Certifier Patal & J. L. Jeff. M.D.
Permit Issued To CAHUL F DX1Q Ja 55
Disposition At Land Land Land Land Land Land Land Land
Name of Douglass Fun Home
Date Permit March 3, 2000

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

If there is no officer in charge, funeral director must sign and return this stub.

,0C-05

R-309

NOC-05

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent A Spinner
Sex Date of Death March 5 3006
Place of South borough Ma
Date of Sept 21 193
Immediate Para Concle
Certifier Sane Blanco M.D.
Permit Issued To David Pickering
Disposition Russ Cemetery
Name of Rond - Howper
Date Permit Man A 7 2000

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed
to (Office issuing permit)
City or Town of Mass.
Name of Decedent Translation H. Spinslar
If a U.S. War Veteran, specify what war, organization, etc.
Torcar
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough, MA. (Name of cemetery or crematory) (City or Town)
on March 9, 2006
Final Disposition Sec. L. Crypt #228 Btm.,
Certified by (Signature of Superintendent) cemetery by crematory)
If there is no officer in charge, funeral director must sign and return this stub.

R-309

No. OG - OG

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Laurence H. Clark
Sex Managed Death May 31, 2006
Place of Southborough Ma
Date of Sulu 13, 1959
Immediate Cause
Certifier DV CVAVL O M.D.
Permit Issued To Morris Fineral Home
Disposition Rural Cemetery
Name of Noncy Morrison
Date Permit Surve 5 200 C

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

. This section to be returned immediately, properly endorsed
to Joseph Jerk
City or Town of SO (Mass)
City of 10vii of
Name of Decedent COUNTLINER HOLD
If a U.S. War Veteran, specify what war, organization, etc.
iii
ENDORSEMENT
(To be filled in by cemetery or crematory official)
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
at Rural Cemetery Southborough MA (Name of cemetery or crematory) (City or Town)
on June 6, 2006
Final Disposition Section 12. Grv#125
(Signature of Superintendent, cemetery or crematory)
${\cal U}$ If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Kathleen Curt's
Sex F Date of Death June 27, 2006
Place of Sunh barough Death
Date of June 29, 1918 Birth
Immediate ARDIOWYOPATHY Cause ARDIOWYOPATHY
Certifier Danald Lave M.D
Permit Issued To Marris Tuneral Home
Disposition Fast Fark Cemetery West Frankfort, IL Name of Facility News Funcial Home
Date Permit June 28 2006

Stub to be retained by officer issuing permit

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SMTHBORONGH Ma

Name of deceased . BENJAMIN LUCOFF

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its Crematory

180 Grove Street

on JUL 0.3.2006

Certified by (Signature of Superintendent, cemetery of crematory)

tery or crematory)

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Cheona Chan
Name of Deceased SOO LILA. GUNA
Age. S
Place of death South borough Ma
Date of death august 23, 200 Ce
Cause of death LUNG CONCR
Interment at Torcst Hills Cem.
Date permit issued GIA GIUST 25, 2006.
Certified by Sames Howe M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
to Town Gert
(Office issuing permit)
City or Town of South borough Mass
Name of deceased SOO LICA UNG
If a U. S. War Veteran, specify what war, organization etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this	permit	was
disposed of in accordance with its terms		
disposed of the accordance with its terms		

at	FOREST HILLS CEMETERY, BOSTON, MA
	(Name of cemetery or crematory) (City or town)
n	august 28, 2006
C-	

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home Name of Deceased Roderick M Mar Neill Place of death Framingham, Ma

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of South London Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

on September 26, 2006

Certified by (Signature of Superintendent, cemetery or crematory)

R-309

No. 06-11

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home Name of Deceased ... T. moth 4.5 Norton... Place of death South borough Ma Date of death October 1 2000 Cause of death Cancel St. Cappendix. Interment at RUNA CAMOSTONA Date permit issued October 3,2006 Certified by Matthew Kulke

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

Certified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME
Name of Deceased MARILYN E. BROOKS
Age
Place of death. SWITHBURGIGH WIT
Date of death Oct 3, 2006
Cause of death Matastatic Lung Carcinama
Interment at Rural Crematary
Date permit issued DA . 5, 2006
Certified by V.WAY KUMAR M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed to TOWN CENES OFFICE (Office issuing permit)

City or Town of MARLYN L. BROKS

Name of deceased MARLYN L. BROKS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby cert	tify that the	body accompanying	this p	permit	was
disposed of in	accordance	with its terms			

(Name of cemetery or Mynator)

(City or town)

onOCI. D. G. 2011

Certified by (Signature of Superintendent, cemetery or crematory)

Received and filed in the Office of the Town Clerk Nov. 2, 2006

Paul J. Berry, Fown Clerk

F.300

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 06-12

n-309

OFFICIAL BURIAL (OR REMOVAL) PERMIT

fissued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health for in towns where there is no Board of Health by the town clerif of the city or town in which the death occurred AFIER the FLUNG and acceptance of a salvisationy certificate of death, printed or typed in durable black ink.)

	and acceptance	by the town clerk) at the at a satisfactory certif	ucate of dealt, pro	ntea or types in avi	able black ink.)
	· .	ONTHBORON	161		0) OGG BE
		(City or town)		(Date)	
A satisfactory of WORR	certificate of death (S. FUNER (Name)	having been filed AL HME	permission is t	hereby given to IN St. SM (Addless)	hus medak
for the versions	1 from			and ti	se interment
RURA	L CKEMPT	(To be filled out in ca	mietery in W	brcts7E	R. , of the
body of W	ARILYNE.	BRDDKS	who died	ON 3	(Yest)
	years,				
Cause of death	METAST	ATIC LUN	IG CAKCA	VOM A	
If a U. S. War \	leteran, specify w	hal war, organizat	ion, etc	2 2 21	
Residence at ti	/eteran, specify w ime of death	9 BOSTON	Born	L, Santi	(poially
	/0	in-nature of Avent of	Board of Health	or, in towns where	here is no

BURIAL (OR REMOVAL) PERMIT

to Coffice issuing permit)

Name of deceased MARLYN E. BIBOKS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cametery or crematory official)

cremated remains the the XIX of accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA

October 8, 2006 ec. 3, Lot 28B, Gry#VA

Sec. 3, Lot 28B, GIVII IA.

Stub to be retained by officer issuing permit

Issued to Marris Funeral Home

Name of Deceased LEONORO. S. Morston.

Age.....years.....months.....days

Place of death Southborough Ma Date of death November (2006

Cause of death Septic Shock

Interment at BUNG CEMETERUS.

Date permit issued NOV. 8, 2,00 G

Certified by Pull 5 Wight

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Joun Clerk

City or Town of South borough Mass

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA (Name of cemetery or crematory) (City or town)

on November 10, 2006

Section M, Grave #135/
Certified by

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME
Name of Deceased CATHERINE MACDONGALD
Age. 83 years months days
Place of death. SON7HBORON6H, MA
Date of death NN. 11, 2006
Cause of death LUNG PANCER
Interment at RURAL COMETERY
Date permit issued NW. 14, 2006
Certified by JOHN KRIKORIAN M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Office issuing permit)

City or Town of SMTHBOROUGH

ame of deceased CATHERINE MACDONGALD

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory) (City or town)

November 15, 2006 Sec. B-West, Lot 49, Gry#2

Certified by (Signature of Superintendent, femetery or crematory)

Stub to be retained by officer issuing permit

Issued to BRITTON-SUMMERS TUNERAL HOME IN
Name of Deceased MADDISON POSEANNE WESTER
Previable Age
Place of death BOSTON, MA
Date of death NO.V. lo., 200)
Cause of death PREVIABLE FETUS
Interment at RURAL CEMETERY, SWINDOWN P
Date permit issued Nat. 16, 2006
Certified by New England Medical Center M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE

City or Town of Santh Davough Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Name of cometery or crematory)

on Nov...16, 200.6...

Certified by .(. Lar.)... Slow Gl. C. Langl.
(Signature of Superinfendent, cemetery or cremitory)

Stub to be retained by officer issuing permit

Issued to MOSSIS Fundal Home Place of death Southborough Ma Date permit issued NOV 20, 200 6 Karen Ballen

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Journ Clerk

(Office issuing permit)

City or Town of Douglas Control

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certif	y that the	body a	accompanying	this	permit	was
disposed of in a	ccordance	with its	s terms			

Rural Crematory

(Name of cemeter) 80 Gtory 9 Street (

1404. 2. 0. 2000

(Signature of Superintendent, cemetery or crematory)

Received and filed in the Office of the Town Clerk JUly 23, 2007 1:30pm

Paul J. Berry, TownClerk

R-309

The Commonwealth of Massachusetts



DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. OG - /G

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

	(City or town)	(Date)
A satisfactory certificate of death	having been filed, per	nission is hepeby given to
Donat Mor	ru Lune	as Home
A (Name)		(Address)

Cause of death Lev Kemia

If a U. S. War Veteran, specify what war, organization, etc.

Residence at time of death 81 Mt Vickery Rd Southbord

(Signature of Agent of Board of Health, or, it owns when the re is no Board of Health, of Town Clerk) R-309

06-16

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

10 Jour Clerk

or Town of Sou Hubero

ZOO PACOCIOSIC Ma

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the XXV accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA

July 18, 2007 Sec. 1, Grv#78A

Certified by Many (Signature of Superintendent) bemetery or cromatory

No. 06-17

BURIAL REMOVAL) PERMIT (OR

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME Name of Deceased Hugh T- Mc CANN, JR Age 72 years months days Place of death Southborough, MA Date of death Dec. 7, 2006 Cause of death Lower Gastro intestinal Bleed RNEAL GENETERY Date permit issued Dec. 11, 2006 Dr. Richard Evans

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of SMTH BORONG H Name of deceased HUGH T. Mc CANN TR.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA

DeCember 12, 2006

Stub to be retained by officer issuing permit

Issued to FIEN Ry & Boy /2 /1/
Name of Deceased Stok W. PETROWSKI
Age
Place of death South bor ous h
Date of death DECIMBER 26 7006
Cause of death ARANUMATUSIS
Interment at St Stephen's CEMETERY
Date permit issued DECEM DER 27 2004
Certified by A ELENA A. ThORNLEY M.D.
/

Stub to be retained by officer issuing permit

Issued to Wayne F. Brasco Sr.
Name of Deceased CORE GOHILD
Age
Place of death South borough Ma
Date of death San 4, 200
Cause of death Panding
Interment at M. F. Quburn Crematory
Date permit issued SOVI 16, 2007
Certified by 1/2016 Bundock M.D.
Certified by 1. Communication of the Communication

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-02

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance] of a sylistactory certificate of ydeath, printed or typed in durable black ink.)

(City or town) (Date of 1-1/2 Day
A satisfactory certificate of death having been filed, permission is hereby given to
Morris Funeral Home 40 Main St
(Name) (Address)
for the removal from, and the interment
at Ruxo Collection of the Company of the Collection of the
body of Peter I Kallander who died March Co. 2003 7
(Give full name of deceased) (Month) (Day) (Year)
ageyears,months,days.
Cause of death Metastatic Lung Cancer
Cause of death Ministry Strain Control of the Contr
If a U. S. War Veteran, specify what war, organization, etc.
Residence at time of death 30 M-cadow Ln South Loro
Residence at time of death
Tall pring
(Signature of Agent of Board of Health, win towns there is no Board of Health, of Town Clerk)

R-309

O7-OZ

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Joan Clerk

ity or Town of Southborough Mass

Name of deceased Letter I Karlander

If a U. S. War Veteran, specify what war, organization, etc.

Korean / AROUJ

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA.

May 10, 2016

Certified by

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home.

Name of Deceased Peler I Kalkyder

Place of death South Dorowal Ma

Date of death March 4, 2007

Cause of death M. 2 to 5 to 1 1 C LUNG CONCER

Interment at ROVAL Cremotory

Date permit issued Move A 7, 200 7

Certified by Sohn Krikorian M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Jown Clerk

If a U. S. War Veteran, specify what war, organization, etc.

Korean / ARoxef

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

MAR 11 9 POTO Gemetery or critator Grove Streetity or town)

ertified by Shall (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Morris Funeral Date of death March 12, 2007 Cause of death OSTRO MULLITI

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

or Town of ... Sold Als Batton (777)

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA

(Name of cemetery or crematory) (City or town)

on March 17, 2007

Certified by Sec. A, Lot, 12, Grv#7

Stub to be retained by officer issuing permit

Issued to Nancy Morris

Name of Deceased Sames P. Chance

Sauth many 1 1/10

Date of death Opril 17, 2007

Cause of death Metastatic Cancer

Interment at Kural Crematory

Date permit issued Constitution of the Control of t

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly andorsed

to TOWN Clerk

City or Town of South Dorough Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

Certified by O & Salk

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home Name of Deceased Cail B. Schneider Place of death South borough Ma Cause of death Lance ent at AUCAL CREMOTORUL Date permit issued (April 20 200 /

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly andorsed

" Town	Clerk
(Office issu	ing permit)

ity or Town of SOUTING Mass

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

(Name of cemetery or crehatory Grove Streetity or town)

, APR 2 3 2007 Worcester, MA 01605

Certified by(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME
Name of Deceased VIRGINIA A. STONE
Age
Place of death Santibar cough, Mit
Date of death (10) 20, 2007
Cause of death Matastatic breast concer
Interment at RURAL CREMATORY
Date permit issued April 23, 2007
Certified by Edward Hoffer MD M.D

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of Sauth May M Mas

Name of deceased V Name A State

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

(Name of cemetery or cl. 200 Grove Street City or town)

(Name of cemetery or cl. 200 Grove Street (City or town)

(Name of cemetery or cl. 200 Grove Street (City or town)

(Name of cemetery or cl. 200 Grove Street (City or town)

Certified by (Signature of Superintendent, cemetery or crematory)

Received and filed in the Office of the Town Clerk May 15, 2007

12:00noon



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH REGISTRY OF VITAL RECORDS AND STATISTICS

OFFICIAL BURIAL (OR REMOVAL)

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.) (This perms can be signed only by the egent of the Spard of Health for in lewiss where there is no Board of Health by the lewis clerk) of the olly or love to which the death obsurred stytes he fit lies and acceptance of a suisdectary certificate of death, printed or typed in distalls black link.

A satisfactory certificate of death having been filed, permission is hereby given to

and the interment

Cause of death METISTATIC BREAST CHIVER

Residence at time of death

Certified

BURIAL REMOVAL PERMIT

This coupen to be returned insueciately, properly and oracd

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be litted in by cometery or crematory official)

I hereby certify that the head accompanying this permit was disposed of in accordance with its terms.

Rural Cemetery Southborough, MA

Stub to be retained by officer issuing permit

. 1

Issued to MORRIS TUNERAL HOME
Name of Deceased Thomas Francis Sullivan
Aged3yearsmonthsdays
Place of death. Sunthbox oug.
Date of death May . 21,, 2007
Cause of death. Metastatic Camcon in the
Interment at RURAL CREMATURY WORCESTER WITH
Date permit issued MAY 21, 2007
Certified by John Krikorian M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Construction (Office issuing permit)

City or Town of SMTHBOROMEH Mass

Name of deceased Thomas Francis Sullivan

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

MAY 7 (Amp Anginetery or cremial D) Grove Street or town)

" √orcester, MA 01605

Certified by (Signature of Superintendent, cemetery or crematory)

BURIAL

NO7-08

R-309

No. 07-08

REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Metrowest Tuneral Home

Name of Deceased JACK L McLuskey

Place of death. Southbarongh.

Date of death JUNE 2, 2007

Cause of death Congestive Heart Failure

Interment at DUXBURY CREMATORY

Date permit issued JUNE 6, 2007

Certified by Kimberly R. Buck MAN

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE
(Office issuing permit)

City or Town of SONTHBORON 6H

Name of deceased ... HCK... L. .. MCCLM Att. 7...

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Duxbury Crematory, Duxbury, Mass.

(Name of cernetery observatory) (City or town)

If there is no officer in charge undertaker should sign and return this stub.

Received & filed 6/11/08.

07-08

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to	be returned imme	ediately to the is:	suina Citv/Town.	properly endorsed
11110 0000001101110	DO 101411104 1111111	diatory to the lo	oung only, tourn,	proporty ortaoroou

to	(Office issuing permit)	••••
City or Town	of Southborough	Mass.

Name of Decedent Jack L. McCluskey

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Duxbury Crematory, Duxbury, MA
(Name of cemetery or crematory) (City or Town)

on June 12, 2007

Rural Cemetery Sec.LiGrv#7A

Final Disposition Southborough, MA, 01772

Certified by (Signature of SuperIntendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
10 Town Clerk
(Office issuing permit)
City or Town of South DOYOLG Mass.
Name of deceased VIVI an BIMDESC.
f a U. S. War Veteran, specify what war, organization, etc.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·
FNDORSEMENT

LINDONGEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ... Adulta Mem. Yash , Adultas (Name of cemetery or crematory)

301.1001.3

n 6/26/07

Certified by S. MOULINGUESE (ST)

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Morris Fun Home Name of Deceased LLL W Catineaul Date permit issued SUU 10, 200

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

10 Jown Clerk
(Office issuing permit)
City or Town of O.M. Mass.
Name of deceased Lel W Catintuy

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ... Rural Cemetery ... Southborough, MA....

(Name of cemetery or crematory) (City or town)

on July 7., 2007...

Certified by State of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to MORRIS FUNERAL HOME
Name of Deceased BARBARA NELSON
Age
Place of death. SOUTHBOROUGH
Date of death JULY 17, 2007
Cause of death NM Small cell Carcinoma of Lung with CNS metastases Interment at RURAL CREMATORY
Interment at XURAL CREMATORY
Date permit issued JULY 18, 2007
Certified by CHARLES ROSEN BAU M.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Gerk

(Office issuing permit)

City or Town of Southboough. Mass.

Name of deceased Darbasa NUSON

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordant crefficiory

180 Grove Street

101 1 9 (Northerne Worcester, MA 01605ity or town)

on

Certified by

If there is no officer in charge, undertaker should sign and return this stub.

(Signature of Superintendent, cemetery or crematory)

R-309

14

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 07-11

OFFICIAL BURIAL (OR REMOVAL)

fissued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in Qurable black ink.)

(Signature of Agent of Soard of Health, or, in towns where there is no Board of Health, of Town Clerk)

SOUTH BAROUNGH TWAY 18 MARCH 1900

A satisfactory certificate of death having been filed, personal MORRIS FUNERAL HOME, 40	mission is hereby given to WALO ST SCHENBACUNY (Address)
---	--

at RURAL CREW ATORY Cemetery in WORLESTER, of the body of BARBARA UELSON who died SULY 17 (Give full name of deceased) (Month) (Day) (Year) age Typears, months, days. Cause of death LUNC CANCER. If a U. S. War Veteran, specify what war, organization, etc LUNC
body of BARRARA ULLSON who died SULY 17 1500 TY (Give full name of deceased) (Month) (Day) (Year) age TY years, months, days. Cause of death LUNG CANCER
age
age
Cause of death LUNG CANCER
Cause of death LUNG CANCER
Cause of death
1/m2
If a U. S. War Veteran, specify what war, organization, etc
Residence at time of death 246 Cok DA VIVE Rd

R-309

07-11

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of 200 th bowuch.

Name of decreased Barbasa NUSON

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be tilled in by cometery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery	Southborough MA
-------------------	-----------------

July 21, 2907 Sec. 1-A, Lot F., Grv#18

Certified by Signature of Superigrendent, cemerary or crematory

(City or town)

BURIAL REMOVAL) (OR

Stub to be retained by officer issuing permit

Issued to Marris Funeral Home Name of Deceased Flances A Bac Place of death & Leddle rece Lane Cause of death Pelmonary Hypertersion of Cardie my coarry Date permit issued July 25. 2007.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

, Town C

Frances A Bacon

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetary Southborough, MA 01772 (Name of cemetery or crematory)

Certified by

Stub to be retained by officer issuing permit

Issued to Henri E. Leblons Place of death Southborough Ma Cause of death LUNCY Cancer Date permit issued CUQ. 22, 200

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Joan Jers

City or Town of South borough Mass.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodburn N. Purches Circles Afficient
(City or town)

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Fitzgerald + Collins Name of Deceased PAUL Edward MOORE Place of death 250 PARKERVILLE RD Date of death Aus. 22, 2007 Cause of death HANGING RURAL CREMATORY Date permit issued ANS. 27, 2007 Certified by MARIE E CANNON

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE

City or Town of DOW IT DON ON ON Mas

Name of deceased PAUL EDWARD MOORE

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

an AUG 2 8 2007 Worcester, MA 01605

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME

Name of Deceased WILLIAM GARFIELD BINDER, JE.

Age....86.....years......months......davs

Place of death SON 7H BORONGH

Date of death SEPT. 8, 2007

Cause of death HEART DISEASE

Interment at RARAL, South borongh MA

Date permit issued Sept. 10, 2007

Certified by NINAD SAMANT

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

TOWN CLERK

(Office issuing permit)

Name of deceased William & BINDER, JR

If a U. S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough MA...

Certified by Mala & A Many In Call

Stub to be retained by officer issuing permit

Issued to JOHN EVERETT + Sons Inc Name of Deceased Stephen P. Giffey Place of death SONTHBORONGH, WA Date of death ... Not. 8 2007 Cause of death Respiratory Arrest Interment at RURAL Cemetery, Southward Date permit issued Nat. 9, 2007 Certified by Julia Gallagher

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerks Office
(Office issuing permit)

City or Town of SUTN BOYOUSU Mass

Name of deceased Stephen P. Griffey

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery SOuthborough, MA 01772

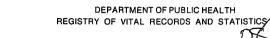
(Name of cemetery or crematory)

(City or town)

November 13, 2007

ertified by (Signature of Superintendent, cemetery or crematory)

The Commonwealth of Massachusetts



CIAL PURIAL (OR REMOVAL) RERMI

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred/AFTER the FILING and accept@nccj of a satisfactory certificate of death, printed or typed_is fuvable black ink.)

(City or town) (Date)

A satisfactory certificate of death having been filed/permission is hereby given to

A satisfactory certificate of death naving been filed permission is never y trent to form the form of the form of the form of the intermediate inter

of the second of

(Give full name of deceased) (Month)

Cause of death Is Chennic Cardiomus path

If a U. S. War Veteran, specify what war, organization, etc...

Residence at time of death D. T. DO DUBLE NO.

(Signature of Agent of Board of Health, or, in tool where there is no Board of Health, of Town Clerk) R-309

Certified b

(Year)

N. O.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

10 Jown Clert

ty or Town of Southbor

Name of deceased N.J.I.J. Old. C. Y.Y.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA

July 5, 2008

Signature of Superintendent, semetery or cromatory)

Stub to be retained by officer issuing permit

Issued to Marias Funeral Home
Name of Deceased William North Davis
Age
Place of death South borough Ma
Date of death Feb 26, 2008
Cause of death ISChemic Cardio
Interment at Rural Crementory
Date permit issued Feb 27, 2008
Certified by Covid Leviting M.D.
Certified by

BURIAL (OR REMOVAL) PERMIT

rnis coupon to be returned immediately, properly epidorsed
10 Jown Clerk
City or Town of South On Ouch Mass.
Name of deceased Nilliam North Davis J
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the bod disposed of in accordance with	y accompanying this permit was its terms
	Rural Crematory

aı .	(Name of cemetery or cremated) Grove Sincer or town)
on	Worcester, MA 010
0	John H Cabill
Ce	rtified by
	(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit Home

Name of Deceased (16. Cald L. Sm.) The MD

Age.../...years.....months.....days

Place of death SOUTH SONO MO

Date of death March 1, 2008

Cause of death LSP CIVEST

Interment at Edge II. GOVL. Clip.

Date permit issued March 4 200 X

Certified by Shahnaz Montaguem.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of SOUTH CONDUCTION Mass.

Name of deceased Chrald C Smith M.D.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at EDGELL 6-ROVE FRAMINGHAM

on MAR. 4. 2008

(City or town)

Certified by Kewin T Herlin (Sf.)...
(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Kan Harper, Westhoro Name of Deceased Milliam R. Robinson borough M

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

Thoras Hall	
(Offige issuing permit)	
City or Town of SOUT MOROUGH M	ass
Name of deceased TOUN CIEX	
If a U. S. War Veteran, specify what war, organization, etc.	:.
Korea	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that th	he body	accompanying	this	permit	was
disposed of	in acc	ordanc	e with i	its terms			

at	Kurai Cemetery	Southi	orougn, .	MA	
	(Name of cemetery or	crematory)	(City	or to	own)
		_			

on March-8, 2098

Certified by

(Signature of Superintendent, cometery or cremator

R-309

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to BENOIT J. BRODEUR, JR. CONWAY, CAHILL-BRODEUR FH, Peabody
Name of Deceased TEFFERY A. SPARKAS
Age9 years months days
Place of death. SONTHBORONGH
Date of death MARCH 12, 2003
Cause of death ACUTE RUPTURED MYDCARDIAL INFARCTION
Interment at LEDAR GROYE CEMETERY
Date permit issued MARCH 14, 2008
Certified by RIGHARD FURWS M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon	to be	returned	immediate	ly, properly	endorsed
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TOURS PIEDLY - OFFICE

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at .CEDAR. GROVE. CEMETERY., .PEABODY., .MA. .01960....
(Name of cemetery or crematory)
(City or town)

LOT 91, SEC. H - AZALEA AVE

Certified by (Signatur of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to SHORT 4 SON F.H.
Name of Deceased Philip C. Beals
Age88 days
Place of death SOUTH BOROUGH
Date of death MARCH 30, 2008
Cause of death ASPIRATION PNEUMONITIS
Interment at AU FAITHS CREMATORY
Date permit issued APRIL 1, 2008
Certified by DANIEL MASSARELLI M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

, TOWN CLERK'S OFFICE

ity or Town of SOUTHBOROUGH Mass

Name of deceased PHILIP C. BEALS

If a U. S. War Veteran, specify what war, organization, etc.

WWIL

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Faiths Crematory

(City or town)

4/3/08

Certified by Aleclece. ...

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERAL HOME
Name of Deceased JOSEPHINE J. BARTOLINI
Age. 83 years months days
Place of death SONTHRORONGt
Date of death APRIL 3, 2008
Cause of death ALZHEIMERS DISEASE
Interment at RNRAL CEMETERY
Date permit issued APRIL 4, 2008
Certified by JOSEPH A. HARRINGTON, M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned i	immediate	ly, properly	endorsed

to TOWN CLERK'S

(Office issuing permit)

City or Town of SATHBAROUGH Mass.

Name of deceased SOSEPHINE J. BARTOLINI

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough, MA 01772

n April 7, 2008

Certified by (Signature of Superintendent, cemetery or crematory)

BURIAL REMOVAL) (OR

Stub to be retained by officer issuing permit

Issued to Matarese Funeral Home Name of Deceased Marce 10 F Maltani

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at ...Rural..Cemetery......SOuthborogh...MA..01772 (Name of cemetery or crematory)

May 20, 2008 Sec.6, Lot 27C, Grv#1

Certified by

R-309

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

CALLANAN FH Name of Deceased .. William J. SURETTE Age...SO years....months....days Place of death SONTH BORONGH Date of death JUNE 2, 2008 Cause of death Staphy brokens aurens bactéremin Interment at Evergreen Cemeterx Date permit issued TANE 4, 2008

Certified by CHARLES ROSEN BAUM

PERMIT **REMOVAL)** (OR BURIAL

This coupon to be returned immediately, properly endorsed

Name of deceased William J Sure If a U. S. War Veteran, specify what war, organization, etc.

YES ARMY PFC KOREA

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at EVERGREEN CEMETERY Hypkingm Ma.

(Name of cemetery or crematory) (City or town)

on June 5th 2008

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to MILES FUNERAL HOME
Name of Deceased CHIA LUNG WIN
Age
Place of death. SON 7HBORON 6H
Date of death JUNE 3, 2008
Cause of death PARKINSONS DISEASE
Interment at RURAL CREMATORY Worcester, MA
Date permit issued JUNE 5, 2008
Certified by Melissa Rathmell M.D.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed
Southborough Town Clerk's Office
(Office issuing permit)
Southborough City/Town of Mass.
City/10wn or
Name of Decedent Chia Lung Wu
If a U.S. War Veteran, specify what war, organization, etc.
no
ENDORSEMENT
ENDORSEMENT
and the B
(To be filled in by cemetery or crematory official)
·
I hereby certify that the body accompanying this permit was
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms
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I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms at

Stub to be retained by officer issuing permit

Issued to Momis Funeral Home
Name of Deceased ann D. Lavitt
Age
Place of death 2/ Main S Southboro
,
Date of death (Lugus) 19,2008
Cause of death Pancreofic Concer
Interment at Deval Cometery
Date permit issued
Certified by Michael Goldstein M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

10 Town Clerk
(Office issuing permit)
City or Town of Southborn, Mass
Name of deceased Cann D. Lacy It
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that the	body	accompanying	this	permit	was
disposed o	f in acc	cordance	with	its terms			

at.	Rural Crematory	AUG	2	7	2008
at .	180 Grove distriblety or crematory)	• • • • • •	• • • •	•••	(City or town)
on	Worcester, MA 01605		•••		
	Λ				

Certified by Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home Name of Deceased HOROLD Stivers Age years months days Place of death South borough Ma Cause of death Cardiac arc arrest Mural Cemetery

BURIAL (OR REMOVAL) PERMIT

to be returned immediately propedy endorsed

This coupon to be returned immediately, propagy and a
to ban clerk
City or Town of South Corollar Mass
If a U. S. War Veteran, specify what war, organization, etc.
<u> </u>

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying t	his permit was
disposed of in accordance with its terms	1
RURAL CEMETERY SOUTH	Enach Mi
(Name of cemetery or crematory)	(City on town)
on Setrembers 1, 2008.	·····)
Certified by	istally,
(Signature of Superintendent), cemetery	or ofrematory)

Stub to be retained by officer issuing permit

Issued to TIGHE-HAMILTON TUNERAL HOME Name of Deceased .. STANLEY P. STANECHEWSKI 79 _____ days Place of death SONTHBURONGH, MA Date of death SEPT. B, 2008 Cause of death LUNG LANCER Interment at St. Michael Cemetery, Hudson MA Date permit issued Sept. 17, 2008 (HRISTIAN) POTTER

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to JOHN CLEKK

Name of deceased STHNLEY P. STANTEHEWSKI

115 NHVY

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

(Name of cemetery or crematory)

(Name of cemetery or crematory)

(City or tow

9-18-08

Certified by Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to	s Funera	Home
Name of Deceased	ildaa G	uciani
Ageyears		
Place of death		
Date of death		
Cause of death		,
Interment at AMA		
	A	/
Date permit issued		
Certified by Dav.	10 LEV17	M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly epdorsed

to Office issuing permit)

City or Town of Mass

Name of deceased Mary Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

Stub to be retained by officer issuing permit

Issued to Sohn Everett & Sons

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk	
(Office issuing permit)	
() // /	
ity or Town of Southborough M	ass
ame of deceased . Taula . M. J. Poyk	
a II S War Veteran enecify what war organization etc	

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

atNewtonCrema	atoryNewtonyMA	 (City	or town)	•••
October 31,	2008			

Certified by (Signature of Superintendent, cemetery or crematory)

R-309

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 08-15

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 174, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in dugable black ink.)

	(City or town)	(Date)
A satisfactory certificate of death hav	ing beer/filed, permi	ssion is hereby given to
A satisfactory certificate of death hav	1 Home	40 Main St
(Name)	,	(Address)

at ... Compared to be filled out in case of removal)

at ... Compared to the filled out in case of removal)

at ... Compared to the filled out in case of removal)

body of ... Compared to the filled out in case of removal)

who died ... Compared to the compared to the filled out in case of removal)

who died ... Compared to the comp

age ... o ... years, ... months ... days.

Cause of death End Stage Renal Disease

(Signature of Agent of Board of Health, or, is town where there is no Board of Health, of Town R-309

08-15

BURIAL (OR REMOVAL) PERMIT

to JOGN (Office isguing permit)

City or Town of Douglas A Land

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

Cremated remains
I hereby certify that the XSMy accompanying this permit was
disposed of in accordance with its terms

Rural Cemetery Southborough, MA

November 5, 2010

Certified by ...

Stub to be retained by officer issuing permit

Issued to MORKISTUNERAL HOME Name of Deceased DONALD L. HART SR Place of death 252 BOSTON RD Date of death NOV. 3, 2008 Cause of death END STAGES RENALD RURAL CREMATORY Date permit issued NW. 4 2008

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
10 Town Clerk
(Office issuing permit)
City or Town of South Corough Mass
Name of deceased Donald L. Hart S/
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby	certify	that th	e body	accompanying	this	permit	was
disposed of	f in acc	ordance	with	its terms			

Rural Crematory

(Name of cemetery or cr480 Grove Streetity or town)
on NOV 0 5 2008 Worcester, MA 01605

Certified by Work Cobell

Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to NORTON FUNERAL HOME, Inc Name of Deceased JOHN PATRICK HANLEY Place of death. SONTHBOROUGH Date of death DcT 27, 2008 Cause of death METASTATIC CANCER OF (DROPHARYNGEAL QRIGIN Certified by JOHN R CLARK

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to JOWN CLERK

ity or Town of SONTHBOROUGH

Name of deceased JOHN PATRICK HANLEY

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

STISSIA INTLUMENT

(Name of cemetery or crematory) (City or town)

on 10/31/2008 New Grent 22008

Certified by Called Hause

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

. 1

Issued to MORRIS TUNERAL HOME
Name of Deceased William H. Webber
Age
Place of death Santhbarons
Date of death November 11, 2008
Cause of death PULMONARY EMBOLUS, PANCREATIC
Interment at St. MARY'S Come tery, Milford MA Date permit issued No. 13, 2008
Date permit issued N. 13, 2008
Certified by CHARLESS, FUCH M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

(Office issuing permit)

City or Town of AMA BONONO 17 Mass

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Manage Managery

(City or town)

on 1005. 15, 2008,...

ertification (Signature of Superintendent, cemetery of greenfatory)

BURIAL REMOVAL) (OR PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS Funeral Home
Name of Deceased Christopher D. KendALL
Ageyearsmonthsdays
Place of death 1 Independence Dr. 5 bon
Date of death NOV. 15, 2008
Cause of death Can Cer
Interment at Rocal Crematary Wordstak
Date permit issued NOU 17. 2008
Certified by Steven 6-055MAN M.D.

(OR REMOVAL) PERMIT BURIAL

This coupon to be re	eturned immediate	ely, properly endorsed
•	~ 1	

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory (Name of cemetery or crematory)

7008

180 Grove Street

Worcester, MA 01605

Certified by ...

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 08-19

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which, the death occurred AFTER the FIJING and acceptance on a sq

A satisfactory centificate of death having been filed, permission is hereby given to

(Name)

(Name)

(Address)

(Address)

(Address)

If a U. S. War Veteran, specify what war, grganization, etc.....

Residence at time of death

(Signature of Agent of Board of Health, or, in tools where there no Board of Health, of Town Clerk)

R-309

08-19

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to /OGA U/-E/

City or Town of SOUTH Ma

Name of deceased MONOLO...H. COMPLEY.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the KKK accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA. 01772

March 18, 3016

Certified by

Signature of Superintendent cemeter

Stub to be retained by officer issuing permit

Issued to Morris Funeral Home

Name of Deceased Ronald H. Campbell

Place of death Southborough Ma

Date of death Esophoatal Carcinoma

Interment at Bural Crematory

Date permit issued No. V. 24, 2008

Certified by Vinay Kuma/ M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk
(Office ipsuing permit)

City or Town of Mass.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

(Name of cemetery 180 Grove Street (City or town)

NOV 2.5.2008 Worcester, MA 01605

Certified by(Signature of Superinteriors, dender on tematory)

No.08-20

BURIAL	(OR	REMOVAL)	PERMIT	1
This cou	pon to be retu	rned immediately, properly	endorsed)	1
to I	<u>ر ر 00</u>	Colored (Section 1)	1	
City or Town of	Sou	HUDOroc	Mass.	i
Name of deceased	Kev	IN.F. Cox	2x20.1.1.1.1.	
fa U.S. War V	eteran, s	pecify what war, or	ganization, etc.	_
	END	ORSEMENT		-
(T	o be filled in b	y cemetery or crematory offi	icial)	
I hereby certify	y that the	body accompanying	g this permit was	
. St 3	Sosep	h Cemeta	Cy Tal MIL	xII h
on	c of cemeders	9, 200.9.	(City or town)	:
Certified by	ALALAY	ure of Superintendent, come	tery or crematogy)	í

City or Town of .

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to 5/attery Funeral Home
Issued to
Name of Deceased KeVIII F. Connolly.
Ageyearsmonthsdays
~ 0.1
Place of death. Southboro M. Q.
Date of death Dec 13, 2008
Cause of death Pl. 4.2 A. M.C.
Cause of death Plus Interment at Rural County Constant
Date permit issued 2.1
Constitute Peter Comminas

BURIAL (OR REMOVAL) PERMIT

to Joon (Office is suing permit)

This coupon to be returned immediately, properly-endorsed

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

The Control of the state of the

wordester; MA 01606...

Certified by (Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Marry flexile Henl. Name of Deceased . Robert H. Kiley Place of death Ab Edgel Und Pd 2 5050 Date of death Dec 30. 200 8 Cause of death MI + 45 tatic melanome Rund Clonelery Date permit issued Jan 2 2009

Certified by Kathryn Edmeston

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Hun Clind
(Office issuing permit)

City or Town of Hobbet H. Mas

Name of deceased Hobbet H. M. Clif

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southboorugh, MA

(Name of cemetery or crematory) (City or town)

on January 3, 2009

Certified by

No. 09-02

R-309

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to Mous Tineral Home
Name of Deceased ROSE B. Glad W.V.
AgeSlyearsmonthsdays
Place of death. Santh barough
Date of death Fet. 11, 2009
Cause of death Heart Disease
Interment at Rusal Crematory
Date permit issued Felt. 12, 2009
Constitute KatyA DIVARI

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

(Office issuing permit)

City or Town of San HIBOKOVE H Mass.

Name of deceased SOSE S. G /ad W /

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

FR 1 1 Street City or of 80 Grove Street City or town

Worcester, MA 01605

Certified by (Signature of Superintendent, cemetery or crematory)

R-309

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MORRIS TUNERITY HOME
Name of Deceased MARA RACENIS
Age7 years months days
Place of death. SMIH BORONGH
Date of death WAKCH 19, 2009
Cause of death HYPERTENSION CARDIOVASCULAR DISEASE
Interment at RURAL CREMATORY WORCESTER
Date permit issued MAR 23, 2009
Certified by CHARLES H WEISS M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

10 TOWN CLERK'S OFFICE

_

. Taum of

HBOROV

..... Mas

Name of deceased

KACENIS

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Name of cemetery or crappet 1737

figuigiove Streeticity of

Certified by ...

- A Coble

Stub to be retained by officer issuing permit

Issued to JOHN EVERETT & SONS TUNERAL HOME Name of Deceased WALTER ALBERT STAVER, J
Name of Deceased WALTER ALBERT STAVER, J
Age
Place of death 50 TURNPIKE RD SOUTH BOROUGH
Date of death MARCH 24, 2009
Cause of death TENDING
Interment at NEWTON CREMATORY
Date permit issued MAR. 26,2009
Certified by RICHARD EVAINS M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of South OOV DU JAMES.

Name of deceased WALTER ALBERT SEAVER JR

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

March 31, 2009

Certified by (Signature Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Matarese Puneral Name of Deceased Denist Conn Nicholson Cause of death Pancelatic Cancer Rural Cremotory Date permit issued March 30, 200

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Jown Clerk
(Office issuing permit)

City or Town of SOUT VEOLOGY SON

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at APR 0 1 2009 Rural Cremanon

Worcester, WA (1800)

Certified by John H Cabell



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No. 09-05

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death printed or typed in durable black ink.)

Southborough March 30, 2019

A satisfactory certificate of death having been filed, permission is hereby given to

MCLace See Tune of Home as I would have

(Name)

(Name)

or the removal from and the interment (To be filled out in case of removal)

sody of Denise ann Nicholson who died March 27, 2009

ge 5 years, months. d

Cause of death MC+astatic tancreation Cancer

If a U. S. War Veteran, specify what war, organization, etc.,....

16 Phasant St Sa

(Signature of Agent of Board of Health, of in towns when there is no Board of Health, of Town Clerk)

R-309

07-05

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Jown Clerk

City or Town of South Borough

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

Cremated remains
I hereby certify that the Wolly accompanying this permit was
disposed of in accordance with its terms

Rural Cemetery Southborough, MA

April 5, 2009 in Gry 254 of Sec.

Certified by (Signature of Superintendent, certe

1 1

BURIAL (OR REMOVAL) PERMIT

Stub to be retained by officer issuing permit

Issued to MONIS Functof Home
Name of Deceased Frank Raph Locke Sr
Ageyears months days
Place of death Southborough, Ma
Date of death Schne 15 2009
Cause of death Bladdy Conce
Interment at Musical Cem Southboro
Date permit issued Swal / Co. 2009
Certified by Solno Harn Gooppiel M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly/endorsed

to JOON (Office issuing permit)

City or Town of

Mass

Name of deceased .T.Y.C.Y.

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

Rural Crematory

(Name of cemetery or cremate) Grove Street, or town)

JUN 1 7 2009 Worcester, MA 01605

Certified by (Signature of Superintendent, cemetery or crematory)

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS

No 09-08

there is no

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health (by the form clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a safetactory certificate of teach, prijuted or typed in durable black ink.)

30 00 1/QD01 000	M. SMITIUMED 7
(City or town)	(Date)
tory certificate of death having Heen filed, pe	rmission is hereby given to

A satisfactory certificate of death having teen filed, permission is hereby given to Morris Funeral Home To Maus Statistics (Address)

or the removal from, and the interment
(To be filled out in case of removal)
ody of Frank Ralph Locke Two died June 15 2009
(Give full same of deceased) (Month) (Day) (Year)
ause of death Bladder Cancer
a U. S. War Veteran, specify what war, organization, etc
oxidana attima of death 2 Walker St Southbary

(Signature of Agent of Board

R-309

No 09-08

BURIAL (OR REMOVAL) PI

This coupon to be returned immediately, properlyjendorsed

to Office issuing permit)

lame of deceased Frank Ralah CosteSr

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the box accompanying this permit was disposed of in accordance with its terms

Rural Cemetery Southborough ... MA

Certified by

Stub to be retained by officer issuing permit

Issued to Metro CHST Funeral Home
Name of Deceased Robert Braceio
Ageyearsmonthsdays
Place of death Southboro Ma
Date of death May 10, 2009
Cause of death
Interment at Edgell Crove Cem
Interment at Edgell Crove Cem Date permit issued May 14, 2007
Certified by Sharon Eugher M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

Town Clock
to Office issuing permit)
City or Town of South Mass
Name of deceased Robert & Baccia
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby ce	rtify that the	body accompanying	this permit	was
disposed of in	n accordance	with its terms		
	, // .	$\overline{}$	•	

Name of cemetery or crematory)

(Name of cemetery or crematory)

(City or town)

Certified by Polit o

(Signature of Superintendent, cemetery or crematory)

Stub to be retained by officer issuing permit

Issued to Chesmare tuneral teme
Name of Deceased Herbert Chin
Ageyearsmonthsdays
Place of death Santhborough
Date of death MAY 22, 2009
Cause of death Cerebral Vascular Accident
Interment at Forcest Hills Cemetery Boston, MA
Date permit issued MAY 24, 2009
Certified by TAMMY C. HARRIS M.D

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Santhoord us Mass.

Name of deceased Harbert Chin

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby cer	tify that th	e body	accompanying	this	permit	was
disposed of in	accordance	with it	ts terms		1	

at FOREST HILLS CEMETERY, BOSTON, MA

on May 27, 209

(City or town)

Certified by (Signature of Superint of other transfer or crematory)

Stub to be retained by officer issuing permit

11

٩.

Issued to MORRIS FUNERAL HOME
Name of Deceased DOROTHY A. CRONIN
Age
Place of death Sathbarough, MA
Date of death June 21, 2009
Cause of death Pulmonary Hypertension
Interment at Rural Cemetery, Surthboranger
Date permit issued June 23, 2009
Certified by NATTHEW BEAN M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed

City or Town of Suth back Mass

If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA.

(Name of cemetery or crematory)

(City or town)

n June 26, 2009

Certified by

(Signature of Superintendent, cemeterly or crematory)

No. 09-10

OFFICIAL BURIAL (OR REMOVAL) PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended.)

(This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in durable black ink.)

(City or town) (Date)

(Signature of Agent of Board of Health, or, Lowns where were is no

Board of Health, of Town Clerk)

A satisfactory certificate of death having been filed, permission is nevely given
A satisfactory certificate of death having been filed, permission is fiereby given.
(Name)
for the removal from, and the interment
(To be filled out in case of removal)
for the removal from (To Je filled out in case of removal), and the interment at ALAMOTOL (Cemetery in ARAMOTOL), of the
body of Cause of death Cause of deat
(Give full name of deceased), (Month) (Day) (Year)
vears
Metatic Cocemonia Prostate
Cause of death
to send a three
Ma U.S. Wal Veterall, speed Mo
Residence at time of death

R-309

NO 1 / 1

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
To in Cherk
(Office issuing permit)
City or Town of Sold Wood Mass
Name of deceased AMA CHARACTER
If a U. S. War Veteran, specify what war, organization, etc.
Kozesk

ENDORSEMENT

(To be tilled in by cemetery or crematory official)

I hereby certify	that the	body	accompany	ying this	permit	was
disposed of in ac				4		

Newton Crematory

(Name of cemetery or crematory)

(City or town)

on November 18, 2009

NOVER BER 21,2009 - LUTH Service (19)

This coupon to be returned immediately, properly enginesed		
to Joyn (All (Office issuing permit)		
City or Town of SOLAT BORDLIG Mass.		
Name of deceased Sohn C Haughty		
If a U. S. War Veteran, specify what war, organization, etc.		
Rorean		
ENDORSEMENT		
(To be filled in by cemetery or crematory official)		
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms		
Newton Crematory Newton		
(City or town)		
n November 18, 2009 NOVEMBER 21,2009 - LUTH 539		

Stub to be retained by officer issuing permit

Issued to Boyle Bros Funeral Honze
Name of Deceased Soln C. Haughey
Age years months days
South Joseph Months days
Place of death South Doro, 78 Williams
Date of death 13., 2009
Cause of death Metastatic Concinomo
Cause of death Metastatic Concinomo
Date permit issued NOV 16, 2009
Certified by Bart a Sano M.D.

BURIAL (OR REMOVAL) PERMIT

This coupon to be returned immediately, properly endorsed
to Jown Clerk
(Office issuing permit)
City or Town of South Borough Mass
Name of deceased DMM C. Haughty.
If a U. S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)		
I hereby certify that the body accordisposed of in accordance with its term. Newton Crematory	ms	
at(Name of cemetery or crematory)	(City or town)	
on November 18, 2009		
Certified by (Signature of Superintence	dent, cemetery or crematory)	